

**WYOMING AREA SCHOOL DISTRICT  
KINDERGARTEN REGISTRATION**

Please Print Legibly

Today's Date			
<b>STUDENT INFORMATION</b>			
Legal Name (Last)		Legal Name (First) (no nickname)	Name (Middle)
Address		County: Wyoming <input type="checkbox"/> Luzerne <input type="checkbox"/>	
		Own _____ Rent _____ (since _____)	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Phone	
American Indian/Alaskan Native <input type="checkbox"/>		Black/African American <input type="checkbox"/>	Hispanic <input type="checkbox"/>
Asian <input type="checkbox"/>		Native Hawaiian/Pacific Islander <input type="checkbox"/>	Multi-Racial (not Hispanic – check the 2 races that apply) <input type="checkbox"/>
Place of Birth (City & State)		Date of Birth	
Previous Address(if less than 3 years)		State Entry Date	U.S. Entry Date
		Years in U.S. School	
Last School Attended (If K, list Preschool/Daycare)		Years in preschool	
Last School Address		Last School Phone	Fax
<b>PARENT/GUARDIAN INFORMATION</b>			
Father/Guardian		Mother/Guardian	
Military Active Duty: Y / N		Military Active Duty: Y / N	
Address same as above : Y / N		Address same as above: Y / N	
Home Phone	Cell Phone	Home Phone	Cell Phone
E- Mail Address		E- Mail Address	
Employer Name/Address		Employer Name/Address	
Work E-Mail Address		Work E-Mail Address	
Work Phone	Ext.	Work Phone	Ext.
Child Resides with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Foster Parent			
<input type="checkbox"/> Guardian/Relative: Relationship: _____ (attach Residency & Dependency affidavit if required)			
Is there a court order involving custody of this child? Yes <input type="checkbox"/> (attach copy of custody order) No <input type="checkbox"/>			
If yes, complete the following:			
Parent/Agency of Record:		Address: _____	
_____		Phone: _____	
_____		_____	

Is student in Foster Court Placement? Yes  No

If yes, complete the following:

Person with Educational Rights: \_\_\_\_\_ Guardian Ad Litem: \_\_\_\_\_

**EMERGENCY INFORMATION**  
**(In addition to Parent/Guardian)**

Name Contact Priority # _____	Home Phone
Address	Cell Phone
	Relationship

Name Contact Priority # _____	Home Phone
Address	Cell Phone
	Relationship

List all other children living with this student at his/her address:

Full Name	Date of Birth	Grade	School

**EDUCATION PLACEMENT INFORMATION**

Regular Education  Special Education  Gifted Education

Has this student ever received any of the following services: (check all that apply)

Remedial Reading/Title I <input type="checkbox"/>	Special Education <input type="checkbox"/>
Remedial Math/Title I <input type="checkbox"/>	Gifted Education <input type="checkbox"/>
How Many Years _____	504 Plan <input type="checkbox"/>
Exit Date (if applicable) _____	How Many Years _____
ESL (English as a second Language) <input type="checkbox"/>	Exit Date (if applicable) _____
How Many Years _____	Instructional Support/Child Study <input type="checkbox"/>
Exit Date (if applicable) _____	How Many Years _____
	Exit Date (if applicable) _____

Does your child have an IEP? Yes  No

\*\*If yes please check disability below and if possible provide a copy of the student's IEP.

Autistic/Autism <input type="checkbox"/>	Specific Learning Disability <input type="checkbox"/>
Deaf-blindness <input type="checkbox"/>	Speech or Language Impairment <input type="checkbox"/>
Hearing Impairment or Deafness <input type="checkbox"/>	Traumatic Brain Injury <input type="checkbox"/>
Intellectual Disability <input type="checkbox"/>	Visual Impairment or Blindness <input type="checkbox"/>
Multiple Disabilities <input type="checkbox"/>	Other Health Impairment <input type="checkbox"/>
Orthopedic Impairment <input type="checkbox"/>	Emotional Disturbance <input type="checkbox"/>
Gifted <input type="checkbox"/>	Gifted w/Disability <input type="checkbox"/>

I affirm that all the information provided on this student enrollment and registration form is true and correct to the best of my knowledge.

Signature of parent or guardian:	Date:
Relationship to Student:	



**\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\***

Date entered/reentered and Code			Building		Homeroom	
Grade _____ Kind: add ABG to status tab			Projected Graduation Year:			
PA Secure ID			District Student ID			
If Custody Order, do both parents have right to educational records and information? Yes <input type="checkbox"/> No <input type="checkbox"/>						
<p><b>Verification Checklist:</b></p> <p>_____ Completed Registration Packet (copy for file)</p> <p>_____ Birth Certificate #: _____</p> <p>_____ Immunization</p> <p>_____ Confidential Student Health Information</p> <p>_____ Home Language Survey: List Language: _____</p> <p>_____ Proof of Residency: Check Document Provided:</p> <p>    ___ Deed, mortgage, lease agreement or moving permit</p> <p>        <b>AND</b> any one of the following</p> <p>    ___ Current Utility bill connected to residence</p> <p>    ___ Check stubs from wages, public assistance or social security</p> <p>    ___ Payment/liability of payment of municipal/school district taxes</p> <p>    ___ Residency &amp; Dependency affidavit</p> <p align="right"><b>Staff Signature of Completion:</b> _____</p>						

**WYOMING AREA SD  
HOME LANGUAGE SURVEY**

The Office of Civil Rights (OCR) and the Civil Rights Law of 1964, Title VI requires that school districts/charter schools/ identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

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School: \_\_\_\_\_ Grade: \_\_\_\_\_

Place of Birth: Country: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_

Race:

- American Indian/Alaskan Native
- Black/African American
- Hispanic
- White
- Multi-Racial (not Hispanic)
- Asian
- Native Hawaiian/Pacific Islander

1. What is/was the student's first language? \_\_\_\_\_

2. Does the student speak a language(s) other than English (Do not include languages learned in school.)?  
 Yes  No

If yes, specify the language(s): \_\_\_\_\_

3. What language(s) is/are spoken in your home? \_\_\_\_\_

4. Has the student attended any United States school in any 3 years during his/her lifetime?  
 Yes  No

If yes, complete the following:

Name of School	State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person completing this form (if other than parent/guardian): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*The school district/charter school has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/charter school in the future.

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH

WYOMING AREA KINDERGARTEN CENTER

Dear Parents or Guardians:

This information is necessary to help the school health department in determining the health status of your child. With this information the school nurse will be able to assist your child in receiving the maximum benefits for their education.

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Name of Child \_\_\_\_\_ Birthday \_\_\_\_\_  
Seasonal \_\_\_\_\_ Other \_\_\_\_\_

Symptoms/Signs \_\_\_\_\_ Medication \_\_\_\_\_

Asthma \_\_\_\_\_ Is it Exercise induced? \_\_\_\_\_ Does your child need an Inhaler? \_\_\_\_\_

Epilepsy (seizures) \_\_\_\_\_ Date of last seizure \_\_\_\_\_ Medication \_\_\_\_\_

Chicken Pox Disease? \_\_\_\_\_ Date? \_\_\_\_\_ Vaccine? \_\_\_\_\_

Does your child have any physical limitations or restrictions? \_\_\_\_\_

Any Serious Accidents or Surgeries? (Note Date/Type) \_\_\_\_\_

Emotional Problems \_\_\_\_\_

Is your child under medical treatment now? For? \_\_\_\_\_

Does your child take any medications? \_\_\_\_\_ If so, Name of medication and condition it is given for:

\_\_\_\_\_

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Signature of Parent or Guardian

Date